

## Annual Hazardous Waste Permit Application

Idaho Transportation Department

ITD 4845 (Rev. 02-18) itd.idaho.gov

Phone: 208-334-8611 Fax: 208-334-2006 E-mail: cvs@itd.idaho.gov Website: trucking.idaho.gov

## Please Print or Type

| Motor Carrier Account Number USDOT Number                 |                 |               |                   |              | EIN |                               |  |      | EPA ID Number                 |     |  |
|---|-----------------|---------------|-------------------|--------------|-----|-------------------------------|--|------|-------------------------------|-----|--|
| Business Name   |                 |               |                   |              |     |                               |  |      | Contact Person                |     |  |
| Mailing Address   |                 |               |                   |              |     |                               |  |      | Telephone                     | Fax |  |
| City  |                 |               |                   |              |     | State Zip Code                |  |      | Email Address                 |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
| ✓ Check<br>if<br>Renewal                                  | Expiration Date | Unit<br>Numbe | Vehicle<br>r Year | Vehicle Make |     | Base<br>Jurisdiction Plate Nu |  | tion | Vehicle Identification Number |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
|   |                 |               |                   |              |     |                               |  |      |                               |     |  |
| Total Number of Permits @ \$250 Each = Total Enclosed: \$ |                 |               |                   |              |     |                               |  |      |                               |     |  |

Make check payable to State of Idaho.

If paying by credit card (MasterCard or VISA) we will contact you for payment. An additional 2% service fee will be assessed on VISA and MasterCard payments.

Mail completed form and check to:

Idaho Transportation Department Motor Carrier Services PO Box 34 Boise, ID 83731-0034 E-mail completed form without payment to:

cvs@itd.idaho.gov